

M e m o r a n d u m

Date: November 30, 2009

To: Office of Assistant Commissioner, Inspector General
Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Central Division

File No.: 401.11497.17497.CentralDivisionChap17

Subject: CENTRAL DIVISION'S CHAPTER 17, AREA MANAGEMENT
EVALUATION-OFFICER SAFETY INSPECTIONS

In accordance with HPM 22.1, Chapter One, Central Division selected Chapter 17, Area Management Evaluation-Officer Safety Inspection for its 2009 third quarter inspection. Each Area office as well as Central Division was inspected between July and October. Attached are the completed CHP 453S, Area Management Evaluation-Officer Safety, forms and Exceptions Documents for each inspection.

If there are any questions, please contact Lieutenant Jason Elsome at (559) 277-7250.



J. R. ABRAMES, Chief

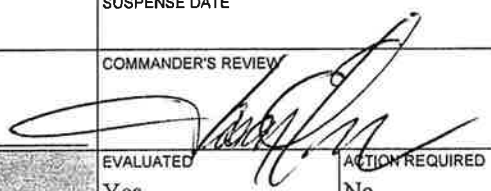
Attachments

cc: Office of Assistant Commissioner, Field ✓

Safety, Service, and Security

AREA 401	DIVISION Central Division	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 11/06/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY 	
		COMMANDER'S REVIEW	DATE 11/19/09
1. COMMAND INVOLVEMENT		EVALUATED Yes	ACTION REQUIRED No

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?		
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? Division will be holding their 2009 OST days in November.		
(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED Yes
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1) - Officers carry the ASP.

4(b)(2) - Records indicate numerous officers are behind on range shoots.

4(b)(3) - Records indicate no night shoots are being conducted.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

4(i)(1) - N/A

4(j) - Primary firearms inspections are behind.

4(j)(1) - Primary firearm 6 month field strips are behind.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Central Div.	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 11/06/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

N/A

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Inspector's Findings:

The Area does not conduct night shoots which are required by departmental policy.

The Area is delinquent in the completion of uniformed employee's CHP 311 inspections.

The Area is not conducting periodical ammunition audits.

The Area is behind on its weapons (shotgun, rifle, and pistol) annual inspections, biennial inspections, and/or quarterly inspections.

ETRS shooting records indicate inaccuracies (i.e. there are multiple entries for the same shoot) in the employees file.

There are many uniformed employees who are delinquent on range shoots for the year.

The HEAT unit conducts range shoots separate from the regular Division range days. Those shoots are not being recorded into ETRS which reflects the unit's officers are delinquent in shoots.

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

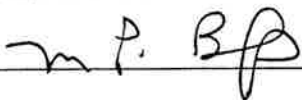
Central Division will address each of the deficiencies identified in this inspection. On a quarterly basis, until completed, Administrative Services Unit (ASU) management and supervision will report on progress.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 11/19/09
	INSPECTOR'S SIGNATURE 	DATE 11/20/09

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT


Command: Central Div.	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 11/06/2009

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<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09
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AREA 420	DIVISION Central	NUMBER
EVALUATED BY D. Torres		DATE 08/04/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	
BY _____		DATE 10-15-09	
1. COMMAND INVOLVEMENT		EVALUATED YES	ACTION REQUIRED NO

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area Commander has allowed for 17 hours of officer safety training annually. This is nine hours above the minimum number of hours required by policy.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? The RP has a range and range officer. After each shoot, the RP reports to the Area training coordinator.		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1) - Officers carry the ASP.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

4(h) - The Area's training coordinator processes the ammunition requisition and receives and records the ammunition. Similarly, the range officer handles the ammunition inventory and records shoots into ETRS. A designated ammunition officer is required, per policy, to ensure accountability.

4(j)(1) - Primary firearm 6 month field strips are behind.

5(b) and 6(b) - Not observed due to a lack of personnel.

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Bakersfield Area suggests the shotgun & rifle quarterly inspection program be reviewed.

Policy requires the primary firearm to receive a complete inspection annually and a field strip inspection approximately six months from that date.

Policy further requires the shotgun and rifle be inspected, fired and cleaned during each quarter of the year.

Since the primary weapon is used on a monthly basis for training, and only requires two inspections a year, Bakersfield Area suggests the shotgun & rifle policy be aligned with the primary weapon inspection policy unless climatic conditions require more frequent inspections and cleaning.

Bakersfield Area feels this would make better use of man hours for patrol purposes, as well as the fiscal savings in ammunition from quarterly shoots to test the weapon after inspection.

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Inspector's Findings:

The Area's range officer/training coordinator is responsible for inputting shooting records, inventorying the ammunition, ordering ammunition, and receiving ammunition. Policy requires there be a designated ammunition officer to provide accountability and oversight for the ammunition.

The Area's records indicate they are behind on their shotgun and rifle quarterly inspection/cleaning as well as the primary firearm "field strip" inspection which is required every six months.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Bakersfield Area concurs with the inspector's findings.

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Bakersfield Area has assigned **Officer Mike Reed, ID 12983**, the collateral duty of being the Area's Ammunition Officer. **Officer Reed** is currently assigned to the Special Duty staff within Bakersfield Area and will be available to accept the ammunition when it is received, and distribute it to the range officer's when needed. This assignment was made effective October 14, 2009.

Bakersfield Area utilizes an Area form to record the monthly pistol shoots. Area will add a cell to list the officer's annual anniversary date to the form. The Range Officer can then conduct the six month field strip/inspection during range training when it is due. This will be completed and implemented on January 1, 2010.

Bakersfield Area will remove the weapons officers from patrol duties two weeks per quarter and assign them to inspect the shotguns and rifles. At the end of each quarter, the Weapons/Range Sergeant will review the inspection log to verify all inspections were completed and sign the log. All weapons will be inspected prior to December 31, 2009. The new inspection process will be implemented beginning the first quarter of 2010.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-15-09
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09

AREA 424	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 09/22/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>SA [Signature]</i>	
<input type="checkbox"/> Correction Report BY		DATE 10/10/09	

1. COMMAND INVOLVEMENT

EVALUATED YES	ACTION REQUIRED YES	CORRECTED
-------------------------	-------------------------------	-----------

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☐ Yes ☒ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED YES	ACTION REQUIRED NO	CORRECTED
-------------------------	------------------------------	-----------

- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? New OST beginning to be implemented with annual OST certification.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has that officer received Academy training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1(a)(3) - The officer's 100 Form supervisory comments do not include officer safety comments.

3(a)(1-3) - N/A

3(d) and 3(d)(1) - Officers carry the ASP.

4(h) - The Area does not have an ammunition officer who provides oversight and accountability to the armory inventory.

5(b) and 6(b)- Not observed due to a lack of available personnel for inspection.

STATE OF CALIFORNIA
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 4

Command: GVIF	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/22/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: GVIF	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/22/2009

Inspector's Findings:

The Area's range officer/training coordinator is responsible for inputting shooting records, inventorying the ammunition, ordering ammunition, and receiving ammunition. Policy requires there be a designated ammunition officer to provide accountability and oversight for the ammunition.

The Area's records indicate they are behind on the S&W TSW inspections.

The Area's 100 Forms lack supervisory comments regarding officer safety.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: GVIF	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/22/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Item 1: Area has made the following changes effective immediately. Area's Range Officer is responsible for conducting monthly shoots and recording the information on the CHP 416, Monthly Record of Shoots, as well as returning unused ammunition to stock, and noted on the CHP 269, Record Ammunition. Area Training Sergeant is responsible for inputting shooting records. Area Range Sergeant is responsible for ordering ammunition, issuing ammunition for monthly shoots, and verification of ammunition inventory.

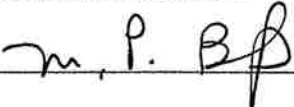
Item 2: Deficiency corrected. Area inspections of the S&W TSW are current. Area had not entered inspections into the ETRS. The Area Training Sergeant has entered the inspection dates into ETRS.

Item 3: Corrected. Area Sergeants have been instructed to add officer safety comments to monthly CHP 100 form comments. Area Commander will ensure compliance.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: GVIF	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/22/2009

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/18/09
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA 426	DIVISION Central	NUMBER CH 17
EVALUATED BY C.J. Swanberg		DATE 08/06/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>[Signature]</i>	DATE 10/2/09
BY _____		EVALUATED YES	ACTION REQUIRED NO

1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed the OST day for 2009. The Area needs a few more OST instructors.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT

	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Area needs to have a few more officers that are OST qualified. The Area has not had an OST day for 2009. The Area has done an outstanding job with weapons cleaning and keeping up with ETRS. Area training coordinator was very knowledgeable.

An enforcement stop was not evaluated due to the limited number of personnel.

Section 5: Physical methods of arrest

Section B, 1-9

Due to the limited number of available personnel and equipment this section was not evaluated.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 3

Command: Buttonwillow	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 8/6/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Buttonwillow	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 8/6/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

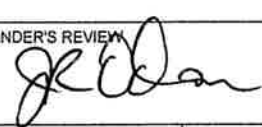
Corrective Action Plan/Timeline

No further action is required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-21-09
	INSPECTOR'S SIGNATURE 	DATE 8/6/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09

AREA 430	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 09/16/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 10-8-9
BY _____		EVALUATED YES	ACTION REQUIRED NO
1. COMMAND INVOLVEMENT		CORRECTED	

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No

(a) Do they attend officer safety training sessions? ☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? New OST beginning to be implemented with annual OST certification.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3(d) and 3(d)(1) - Officers carry the ASP.

4(h) - The Area does not have an ammunition officer who provides oversight and accountability to the armory inventory.

4(e)(1)(b) - Shotgun inspections are behind.

4(e)(2)(b) - Rifle inspections are behind.

4(j)(1) - Primary firearm 6 month field strips are behind.

5(b) and 6(b) - Not observed due to a lack of available personnel for inspection.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Fort Tejon	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/16/2009

Page 1 of 3

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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None.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Fort Tejon	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/16/2009

Inspector's Findings:

The Area's records indicate they are behind on rifle and shotgun inspections.

Policy review is being conducted; however, the training is being incorrectly/not recorded in ETRS and shows officers to be deficient.

The Area does not have an Ammunition officer who provides accountability and oversight to the armory inventory. This is required by policy.

The Area is behind on its S&W TSW "field strip" inspections which are required every six months.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Area is current on the annual shotgun and rifle inspections; however the weapons officer will document the semi annual inspection in the future.

Training is being conducted and all of the Area's officers are current in the training requirements. The Area's training coordinator has updated the ETRS system.

The Area's range officer was responsible for the ammunition inventory and held accountable by the Area's training sergeant during quarterly ammunition audits. In the future the Area range officer will have a special duty officer or sergeant present to verify the removal and replacement of all ammunition from the armory.

The Area range officer will document the completion of the six month S&W TSW "field strip".

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Fort Tejon	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 9/16/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-8-6
	INSPECTOR'S SIGNATURE 	DATE 6/29/04
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09

AREA MANAGEMENT EVALUATION

OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA 433	DIVISION Central	NUMBER CH 17
EVALUATED BY C.J. Swanberg		DATE 09/02/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>R. [Signature]</i>	DATE 10/27/09
BY		EVALUATED YES	ACTION REQUIRED NO

1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION
OFFICER SAFETY
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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? RP uses local range.		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Area has done an outstanding job with weapons cleaning and keeping up with ETRS. Area training coordinator was very knowledgeable.

An enforcement stop was not evaluated due to the limited number of personnel.

Section 5: Physical methods of arrest

Section B, 1-9

Due to the limited number of available personnel and equipment this section was not evaluated.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Fresno	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 09/02/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Fresno	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 09/02/2009

Inspector's Findings:

The Area has done an outstanding job with weapons cleaning and keeping up with ETRS. Area training coordinator was very knowledgeable.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, . etc.)

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Command: Fresno	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 09/02/2009

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 11/22/09
	INSPECTOR'S SIGNATURE 	DATE 9/2/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/4/09

AREA 440	DIVISION Central	NUMBER CHP 17
EVALUATED BY D. Torres		DATE 08/11/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>Dan Paul, LT.</i>	
BY		DATE 10/26/09	
1. COMMAND INVOLVEMENT		EVALUATED YES	ACTION REQUIRED NO

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION		EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed or scheduled the OST day for 2009. The Area has one OST Trainer.		

(5) Have the supervisor and his/her alternate received proper training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2(d) - The Area has one OST instructor and is currently trying to train another.

3(d) and 3(d)(1) - The officers carry the ASP.

3(f) and (f)(1) - The Area completes the 311's annually, however, they are not in conjunction with the CHP118.

4(e)(1)(b) - The Area is behind on its shotgun inspections and annual firing.

4(e)(2)(b) - The Area is behind on its rifle inspections.

5(b) - Not observed due to lack of available personnel for inspection.

6(b)(1) - Not observed due to lack of available personnel for inspection.

6(b)(2) - No coordination with allied agencies.

7(a)(3)(a) - N/A

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Hanford	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/11/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:	Due Date:	
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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None.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Hanford	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/11/2009

Inspector's Findings:

The Area is behind on its quarterly shotgun and rifle inspections. The Area is also behind on its primary firearm annual and "field strip" inspections.

The Area has not conducted or scheduled its OST days for 2009. Area has one OST instructor and is currently trying to get another officer scheduled for the OST Trainer course.

The Area is behind on its annual 311 inspections.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

I concur with each of the Inspector's findings listed above.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Hanford	Division: Central	Chapter: 17
Inspected by: D. Torres, 17497		Date: 8/11/2009

Required Action

Corrective Action Plan/Timeline

Effective on November 1, 2009, the Area will begin utilizing a Training Officer who will be responsible for scheduling and coordinating the completion of all required quarterly shotgun and rifle inspections as well as all annual and "field strip" inspections of our primary firearms. The completion of these inspections will be verified by the Area Training Sergeant.

The Area conducted its first Officer Safety Training (OST) day on October 7, 2009. Area's second OST day is scheduled for October 28, 2009. Half of all Area personnel were trained during the first OST day and the remainder will be trained on October 28, 2009.


From October 12 – 23, 2009, ~~Officer Robert Lawson, ID 14567~~ received training and was certified as an OST instructor at the CHP Academy. With the addition of a second OST instructor in the Area, our OST program should be much more effective.

Area sergeants will ensure CHP 311 inspections are completed in conjunction with each officer's annual evaluation.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/26/09
	INSPECTOR'S SIGNATURE 	DATE 10/29/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10/14/09

AREA 450	DIVISION Central	NUMBER CH 17
EVALUATED BY C.J. Swanberg		DATE 08/26/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 10/20/09
BY _____		EVALUATED YES	ACTION REQUIRED NO

1. COMMAND INVOLVEMENT

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons? 1

2. TRAINING AND CERTIFICATION

EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed the OST day for 2009.		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N/A		
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N/A		
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED Yes	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Area has not had an OST day for 2009. The Area has done an outstanding job with weapons cleaning and keeping up with ETRS. Area training coordinator was very knowledgeable.

An enforcement stop was not made due to the limited number of personnel.

Section 5: Physical methods of arrest

Section B, 1-9.

Due to the limited number of available personnel and equipment this section was not evaluated.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Madera	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 8/26/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

NONE AT THIS TIME.

COMMAND INSPECTION PROGRAM
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Page 2 of 3

Command: Madera	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 8/26/2009

Inspector's Findings:

The Area has not had an OST day for 2009. The Area has done an outstanding job with weapons cleaning and keeping up with ETRS. Area training coordinator was very knowledgeable.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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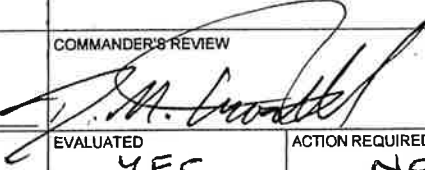
Command: Madera	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg		Date: 8/26/2009

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/20/09
	INSPECTOR'S SIGNATURE 	DATE 10/20/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09

AREA 455	DIVISION Central	NUMBER CH 17
EVALUATED BY C.J. Swanberg		DATE 07/30/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report BY _____		DATE 10/28/09	
1. COMMAND INVOLVEMENT		EVALUATED YES	ACTION REQUIRED NO

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No

(a) Do they attend officer safety training sessions? ☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given? The Area has not completed the OST day for 2009.		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED Yes	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED	ACTION REQUIRED
	Yes	No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers? N/A		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED Yes	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Punches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Strikes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Blocks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Defensive kicks.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Defenses against grabs.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Defenses against weapons.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Ground defense and takedowns.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the violator stop effectively made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is Division involved in the planning process?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED Yes	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED Yes	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED Yes	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Area could use a more secure device for storing extra weapons and ammunition. The PMA that was performed had to be repeated to ensure the minimum level was met. The Area is inspecting all firearms on an annual basis.

An enforcement stop was not made due to the lack of personnel.

Section 5: Physical methods of arrest

Section B, 1-9

Due to the limited number of available personnel and equipment this section was not evaluated.

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Command: Mariposa	Division: Central	Chapter:
Inspected by: C.J. Swanberg, 17052		Date: 07/30/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2.5	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: 17			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Visalia	Division: Central	Chapter: 17
Inspected by: C.J. Swanberg, 17052		Date: 07/30/2009

Inspector's Findings:

The Area could use a more secure area for its extra firearms and ammunition. The PMA that was performed had to be repeated to ensure the minimum level was met. The Area is inspecting all firearms on an annual basis.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Mariposa Area is having their annual Physical Methods of Arrest (PMA) refresher during the December Training day. The Management team will continue to reiterate the importance of maintaining efficiency in this area of training. Besides SROVT, the Area will discuss PMA during briefings, and training days. This is type of training is critical to the welfare and safety of our personnel.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Command: Mariposa	Division: Central	Chapter:
Inspected by: C.J. Swanberg, 17052		Date: 07/30/2009

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10/28/09
	INSPECTOR'S SIGNATURE 	DATE 10/27/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/7/09